



# CITY OF PARKER

1001 WEST PARK STREET • PARKER, FLORIDA 32404  
TELEPHONE (850) 871-4104 • FAX (850) 871-6684

## CITY OF PARKER DEMOLITION OF STRUCTURES

**Note: Demolition Permit from  
EPCI must be obtained prior  
to starting demolition**

Date of Submittal: \_\_\_\_\_

DO Permit #: \_\_\_\_\_

Land Use Designation: \_\_\_\_\_

Parcel ID# \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Applicant Information:**

Name of property owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Site location: \_\_\_\_\_

(must include address)

### **Building/Structure Information:**

Primary use of structure to be demolished: \_\_\_\_\_

Is this an accessory structure: Yes \_\_\_\_\_ No \_\_\_\_\_

**Utilities Information:**

Is building currently connected to water and/or sewer? \_\_\_\_\_

Is the utility account currently in your name? \_\_\_\_\_

If not, whose name is it in? \_\_\_\_\_

**NOTE:** Property owner is responsible to ensure the sewer connection is properly capped. Call city as soon as sewer is capped so city personnel may visit property to verify work. Property owner is also responsible for the removal of demolition materials. Failure to comply with the provisions of this permit may subject the permit to modification, withdrawal, or cancellation, and in addition may subject the property owner to additional permit fees and additional costs including legal fees.

I hereby certify, under penalty of perjury, that I have read and understood the provisions of this permit, and that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

I will comply with the Florida Department of Environmental Protection's requirements regarding asbestos removal.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**TO EPCI BUILDING DEPARTMENT:** Please be advised that you may issue a demolition permit to the above named applicant on behalf of the City of Parker.

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_  
Date